ELECTROLOGISTS' ASSOCIATION OF CALIFORNIA INC.

Est. June12, 1948

"Pledged to the Highest Standard of Permanent Hair Removal"

MEMBERSHIP APPLICATION

NORTHERN CHAPTER _____
SOUTHERN CHAPTER _____

It is understood and agreed that this, my application, together with the provisions of the Charter of the Association and those of its By-laws and Rules and Regulations as now existing, and as the same may be amended, altered, added to or changed, shall constitute my sole agreement with the Association . It is also understood and agreed that any statement or alleged statement of an officer, or solicitor, if contrary to Charter Bylaws, Rules and Regulation of the Association, shall not be binding.

I herewith make application for membership in the **ELECTROLOGISTS' ASSOCIATION OF CALIFORNIA INC**., and submit the following information**:** **PLEASE TYPE OR PRINT**

Applicants Name _____

Business Name (EAC Roster Information)_____

Business Address_____

City _____State, _____Zip_____ Business phone ( ) _____

Cell Phone _____Fax _____ Email_____

Website _____

Send mail to: HOME_____OFFICE_____OTHER _____

Home Address _____

_____ Home Phone ( ) _____

Electrology School attended _____Date Graduated_____

List other training/or apprenticeship program(s) _____

Are you currently in practice? Yes_____ No_____ Full time_____ Part-time_____

CALIFORNIA license #_____ Exp. Date: _____ Do you have an Electrologist license in any other state? Yes___ No.___ List:

Are you a C.P.E. (Certified Professional Electrologist) Yes___ No___ Certification #_____

Are you a prior member of EAC/AEA? Yes _____No_____Certificate #_____

Preferred Modality: Multiple_____ Needle_____ Shortwave (Thermolysis) _____ Blend_____ Galvanic_____

Sterilization method used: Autoclave: _____Dry Heat Oven: _____ other _____

Submit any of the following documentations with your application.

1 Photocopy of diploma from a school of Electrology.
2 Photocopy of your state license.
3 If applicable - a Notarized affidavit from your apprenticeship instructor, include a copy of your Certificate and number of hours completed in program.

Membership year runs from January 1st to December 31st. Anyone joining EAC and AEA after July 1st and before November 1st shall pay prorated dues for the remainder of current year plus the appropriate dues for the next year.

	Before July 1st	After July 1st
EAC annual dues	$ 85.00	$ 85.00
Prorated dues for EAC	---	$ 40.00
Initiation fee for EAC (one-time fee)	$ 35.00	$ 35.00
AEA Affiliate annual dues	$140.00	$ 140.00
Prorated Affiliate dues for AEA	--	$ 50.00
	Total $260.00	Total $ 350.00

EAC Web listing: 1st business no charge

2nd business listing $10.00 per year $_____ **Total Enclosed:**_____

Donation to EAC Association $ _____

Would you liked to serve on one of our board or committees? Yes_____ No._____

Program_____Membership_____Newsletter_____Treasury_____Hostesses_____

Committee helper _____

I understand that membership in the ***EAC/AEA*** is open to Electrologists who practice and/or teach permanent hair removal utilizing needle type devices.

Signature_____ Date_____

(For EAC office use only) Date application received:_____ Payment:_____ Check#:_____Notes:

Make payment payable to EAC (Electrologists' Association of California) Mail to

Randa Thurman, L.E. C.P.E.
EAC Northern Chapter
2600 Garden Road, Suite 207
Monterey, CA 93940
(831) 643-2100

Teri Marcum, L.E.
EAC Southern Chapter
13109 Gridley Road
Norwalk, CA 90650
(562) 863-7234

WEBSITE
EAC - Electrologycalifornia.org
AEA - Electrology.com